

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/095744</div>	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
35 1	1						51				
35 2		1					52				
35 3		1					53				
35 4		1					54				
35 5		1					55				
35 6		1					56				
35 7		1					57				
35 8		1					58				
35 9		1					59				
35 10		1					60				
36 1		1					61				
36 2		1					62				
36 3		1					63				
36 4		1					64				
36 5		1					65				
36 6		1					66				
36 7		1					67				
36 8		1					68				
36 9		1					69				
36 10		1					70				
37 1		1					71				
37 2		1					72				
37 3		1					73				
37 4		1					74				
37 5		1					75				
37 6		1					76				
37 7		1					77				
37 8		1					78				
37 9		1					79				
38 0		1					80				
38 1		1					81				
38 2		1					82				
38 3		1					83				
38 4		1					84				
38 5		1					85				
38 6		1					86				
38 7		1					87				
38 8		1					88				
38 9		1					89				
39 0		1					90				
39 1		1					91				
39 2		1					92				
39 3		1					93				
39 4		1					94				
39 5		1					95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				

0

CLAIMS ONLY	SERIAL NO.	FILING DATE
APPLICANT(S)		

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
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35	/					
36	/					
37	/					
38	/					
39	/					
40	/					
41	/					
42	/					
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/		/	
52	/		/		/	
53	/		/		/	
54	/		/		/	
55	/		/		/	
56	/		/		/	
57	/		/		/	
58	/		/		/	
59	/		/		/	
60	/		/		/	
61	/		/		/	
62	/		/		/	
63	/		/		/	
64	/		/		/	
65	/		/		/	
66	/		/		/	
67	/		/		/	
68	/		/		/	
69	/		/		/	
70	/		/		/	
71	/		/		/	
72	/		/		/	
73	/		/		/	
74	/		/		/	
75	/		/		/	
76	/		/		/	
77	/		/		/	
78	/		/		/	
79	/		/		/	
80	/		/		/	
81	/		/		/	
82	/		/		/	
83	/		/		/	
84	/		/		/	
85	/		/		/	
86	/		/		/	
87	/		/		/	
88	/		/		/	
89	/		/		/	
90	/		/		/	
91	/		/		/	
92	/		/		/	
93	/		/		/	
94	/		/		/	
95	/		/		/	
96	/		/		/	
97	/		/		/	
98	/		/		/	
99	/		/		/	
100	/		/		/	
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

2

CLAIMS ONLY							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3	/						53		/				
4	/	/					54	/					
5	/						55	/	/				
6	/						56		/				
7	/						57		/				
8	/						58		/				
9	/						59		/	/			
10	/						60		/				
11	/						61		/				
12	/						62		/				
13	/						63		/				
14	/						64	/					
15	/						65		/				
16	/						66		/				
17	/						67		/				
18	/						68		/				
19	/						69		/				
20	/						70		/				
21	/						71		/				
22	/						72		/				
23	/						73		/				
24	/						74		/				
25	/						75		/	/			
26	/						76		/	/			
27	/						77		/		/		
28	/						78		/		/		
29	/						79		/	/			
30	/						80	/		/	/		
31	/						81	/		/			
32	/						82		/	/			
33	/						83	/		/			
34	/						84		/		/		
35	/						85	/		/			
36	/						86	/		/			
37	/						87		/	/			
38		/					88		/	/			
39	/						89		/	/			
40		/					90	/		/			
41	/						91		/	/			
42	/						92		/	/			
43		/					93		/	/			
44		/					94	/		/			
45		/					95		/	/			
46	/						96		/	/			
47		/					97		/	/			
48		/					98	/		/			
49		/					99		/	/			
50	/						100		/	/			
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	18	↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.		↓	272	↓		↓
TOTAL CLAIMS							TOTAL CLAIMS			350			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS